M1400000005

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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Jiminez ashley.jiminez@cscglobal.com

Date: July 21, 2017

Order#: 735371-007

Re: ASCENSION CARE MANAGEMENT HEALTH PARTNERS GULF COAST,

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ashley Jiminez c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: ASCENSION CAR	RE MAN	AGEMENT HEALTH PARTNERS GULF COAST, LLC
2. (a) 101 SOUTH HANLEY ROAD	(b	101 SOUTH HANLEY ROAD
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- (0	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
SUITE 450	_	SUITE 450
CLAYTON MO 63105	-	CLAYTON, MO 63105
09/11/2014	-	M14000006505
3. Date of filing/registration in Florida	4.	Document number
5. (a) CT CORPORATION SYSTEM		
Registered Agent and Registered Office shown on the records of th	e Florida	
1200 SOUTH PINE ISLAND ROAD		201
Registered Office Address (MUST BE FLORIDA STREET AI	DD _{RESS}	FILED MALLANASSEE FLORID
PLANTATION .FL	63105	SSEE PR
(h) Corporation Service Company		FLO ST
Enter name of NEW Registered Agent and/or NEW Registered O	Office ado	liess:
		· ·
1201 Hays Street		
NEW Registered Office Address:	·	
Tallahassee , FL_	32301	
If the limited liability company is not organized under the laws the change or changes are made, the Florida street address of the agent will be identical. Or, in the case of a Florida limited liab was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the li	he regis pility co the lim	tered office and the business office of the registered impany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in
/s/ Joseph R. Impicciche	Jose	ph R. Impicciche, Authorized Person
Signature of a member or authorized representative of a member		Printed or typed name of signee
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p the obligations of my position as registered agent as provided to merely reflect a change in the registered office address. I he notification writing of this change. Signalure of Registered Agent Corporation Service Company	erforma for in C creby co	nice of my duties, and I am familiar with and accept-
Division of Corporations P.O. Bo	-	

FILING FEE: \$25.00